

TEL:

Sep 19'01 9:34 No.002 P.02

cc: [unclear]
9/13/01**Bert Bell/Pete Rozelle NFL Player Retirement Plan**200 St. Paul Place • Suite 2420 • Baltimore, Maryland 21202-2040
410-685-5089 • 800-638-2188 • Fax 410-782-0041**PHYSICIAN'S REPORT**

(For Players with a Credited Season in 1993 or Later)

Notice to Physician: The following information is necessary to determine the patient's eligibility for Disability Benefits from the Plan. Please add any remarks to this report which you feel would be helpful in determining the extent or probable duration of disability. To preserve your independence and the integrity of the decision-making process, the Plan requests that you avoid contacts with attorneys or other representatives of players who seek disability benefits from the Plan. The fee for this exam is payable by the Plan. A copy of the invoice should accompany this report.

1. Patient's Name Andre T. Royal Date of Birth 12/01/1972
2. Address 6333 Lilly Pad Court Telephone (816)304-9865
Charlotte, NC 28262
3. When did present disability occur? (Date) November 1999
4. When was patient first treated by you? (Date) 8/28/01
5. When was patient last treated by you? (Date) 8/28/01
6. Are you still treating patient? Yes No
P.F.
- If Yes, frequency of treatment _____
7. What is the nature of the disability? Recurrent seizures - (Epilepsy)
8. In your opinion, is it likely that this patient will ever be able to return to professional football? Yes No
9. In your opinion, is the patient totally disabled to the extent that he is substantially unable to engage in any occupation for any remuneration or profit? Yes No
- If no, in what type of employment can he engage? _____
10. How long do you estimate the patient will be unable to be gainfully employed at any occupation?
Unknown - with further evaluation & medications there is a chance that seizure can be controlled.
11. Has the disability persisted or is it expected to persist for at least 12 months from the date of its occurrence?
Yes No

OCT 18 2001

Ronald Folmer, M.D.
(Neutral Neurologist)

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Physician's Report for Andre T. Royal

2. In your opinion, judging the disablement as it relates to the patient's ability to perform functions, NOT as it relates to his employment as a professional football player, the patient's disability is one which:

Please circle one or more body parts and check appropriate percentage(s).

_____ results in a partial bodily disability; the loss of speech or sight; or loss of use of the neck or back to the extent of

_____ 0-29% _____ 30-49% _____ 50-69% _____ 70% or more

_____ results in loss of hearing or use of an arm, shoulder, leg, or hip to the extent of

_____ 0-29% _____ 30-54% _____ 55-79% _____ 80% or more

_____ results in loss of use of a hand, wrist, elbow, foot, ankle, or knee to the extent of

_____ 0-29% _____ 30-49% _____ 50-69% _____ 70% or more

☒ is the primary or contributory cause of the surgical removal or major functional impairment of a bodily organ or part of the central nervous system? Name of bodily organ:

Brain - 100% disabled secondary to seizures

Is the disability the result of: _____ Illness ☒ Injury _____ Unknown

Is it an illness or injury resulting from a football related activity?

☒ Yes _____ No _____ Cannot be determined

13. Additional remarks by physician

Patient has recurrent convulsive seizures and has had 4 since February 2001. Approximately 30% of partial complex seizures with secondary generalization can not be controlled with medication. I have started him on another anticonvulsant & will follow him in my clinic.

Date 8-28-01

Signed

Physician

Physician's Name Ronald Folmer, M.D.

Address Carolina Medical Center

Neurological Institute-9 E.Hallway

100 Blythe Blve. PO Box 32861

Charlotte, NC 28323-2861

Telephone (704)355-7430

IBM OCT 18 2001

The fee for this exam is payable by the Bert Bell/Pete Rozelle NFL Player Retirement Plan. A copy of the invoice should accompany this report.

→ Currently he cannot drive or work secondary to recurrent convulsive seizures.

Ronald F. Folmer, M.D.

RECEIVED

SEP 10 2001

CAROLINAS HEALTHCARE SYSTEM

NFL PLAYERS BENEFITS

PATIENT: Royal, Andre
ATTENDING: R L FOLLMER, M.D.

HISTORY NO: 000-350-84-24
ADMIT DATE: 08/28/2001

CAROLINAS EPILEPSY AND NEUROSCIENCE CENTER NOTE

Mr. Royal has been referred to the Carolinas Epilepsy Center for evaluation for epilepsy. The examination and interview were set up by the NFL Players Benefit Office in Baltimore.

Mr. Royal is a 28-year-old right-handed male with a history of recurrent episodes of loss of consciousness. He notes that he was a linebacker in the National Football League. On 7/24/98, he had just packed his suitcases to go to training camp. He went to sleep and the next thing he remembers is that he awakened with people around him trying to assist him. He apparently had made a loud yell and then was observed to be jerking his body with loss of consciousness. He was incontinent of urine and had bitten his tongue. He was taken to University Hospital here in Charlotte. He states that he was placed on Dilantin at the time. He went to training camp and was continued on the Dilantin. The team physician apparently was checking his drug levels. The patient, however, was having side effects from the Dilantin. He states he did not perform as well when taking the Dilantin. He was sometimes off and sometimes on the Dilantin. In August of 1998, he was on an airplane. He was flying about 30,000 feet and started to rock back and forth in his seat. He began to jerk and lost consciousness. He was taken to the hospital in Indianapolis and awakened en route to the hospital. He had just played a game apparently. He was continuing on Dilantin. Over the next several months, he continued to play football but suffered three more seizures. He apparently retired playing football in November of 1999. At one point, his Dilantin level got up to 500 mg daily. He states that he felt drugged, spacey and especially in the morning. He also felt dizzy in the morning. His friend who has observed a number of seizures and has accompanied him to his appointment today. The seizures are described as starting with a tightening of the body. He makes a long, loud noise. His head and eyes roll back. His right arm flexes. His left arm is extended. His legs go out straight and then he starts jerking his body. He has heavy breathing with sweating and marked saliva. It may take him 20 minutes to awaken. He is often incontinent of urine, and also bites his tongue. He also hits his head.

The patient does not have a Todd's paresis. He often is confused after the seizure and disoriented for as long as 35 minutes to a hour afterwards. If he is asked a question or somebody tells him something, he will ask the same question over and over a number of times. He often does not realize he has had a seizure. Often the seizures occur during sleep. He has had some, however, during awaking hours including one this morning prior to coming to the hospital for his appointment. He had gotten up and was around his room, and apparently had a seizure again with the same characteristics as just mentioned. He states that he is just starting to feel normal at this time which is hours later. When he first comes out of the seizure, he may be somewhat agitated.

In questioning him about other spells, he states that sometimes he finds himself in the shower and not realize how he got there. Often when he wakes up in the morning, it takes him awhile to become oriented and realize where he is.

RBM OCT 18 2001

PT: Royal, Andre
ATD: R L FOLLMER, M.D.

IIIST #: 000-350-84-24
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CAROLINAS HEALTHCARE SYSTEM

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The patient began to see Dr. Hamer in Texas in July of 2000. He has seen him three times. Eventually, he switched him off the Dilantin and started Keppra. He is on 500 mg b.i.d. The patient has saw Dr. Hamer back in September of 2000 when the Keppra was started. He has had 4 seizures since February of 2001.

The patient has had head trauma in the past. He is a linebacker in the professional football league. He states that he stays a number of times, but is never rendered unconscious. He was never taken off the field.

On questioning about other symptoms, he states that he does have headaches after the seizures but otherwise his review of neurologic symptoms is unremarkable.

PAST MEDICAL HISTORY: Essentially negative except for several surgeries done on his right knee and right great toe, and perhaps one on his left knee.

FAMILY HISTORY: Positive for a cousin with seizures which he had during childhood. There is no other family history of seizures. His grandfather has diabetes and hypertension.

SOCIAL HISTORY: He does not do illicit drugs. He currently does not smoke. He has an occasional glass of wine. He may be going back to Belmont Abbey for college but this is on hold for the present time.

REVIEW OF SYSTEMS: Constitutional review is negative. Visual review negative. ENT review negative. Cardiac review negative. Respiratory review negative. GI review negative. GU review negative. Musculoskeletal review – see past medical history. Integument review is negative. Neurologic review- see history of present illness. Hematologic/lymphatic review – negative.

PHYSICAL EXAMINATION: Vital Signs: Blood pressure 130/80. The patient's weight is 210 pounds. There are no cranial or ocular or carotid bruits. He is alert and cooperative. Recent memory is normal. Attention span is normal. Language and speech is normal. Neck is supple. No cranial or carotid or ocular bruits are detected. Funduscopic examination is normal. Visual fields are intact. Eye movements are conjugate. Pupils are equal and react well to direct light. Cranial reflexes are positive and equal bilaterally. Jaw and facial musculature retract symmetrically. Facial sensation is intact. There is no nystagmus. Gag reflex is positive bilaterally and soft palate elevates to the midline. Sternocleidomastoids have normal strength bilaterally. Tongue protrudes in midline. Motor examination shows normal tone and strength. There are no fasciculations, no atrophy. Gait is normal. Stance is normal. Tandem gait is normal. Finger-to-nose testing and heel-to-toe testing is normal. Fine movements are normal. Pinprick and joint sense and vibratory sensations are all normal. Deep tendon reflexes are +3 throughout. Plantar responses are downward bilaterally. Hoffman's reflex is negative.

IMPRESSION: Probable partial complex seizure with secondary generalization, post traumatic in etiology.

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COMMENT: The patient has generalized seizures with flexion of the right forearm. He has possibly some staring spells. The flexion of the right forearm is a possible focal feature and I suspect he has a focus for seizure with secondary generalization. He may have other spells that are complex partial seizures. I have cautioned him not to drive. He should report to the DMV that he does have a seizure disorder. The patient is disabled from working at the present time because of recurrent seizures. He is certainly disabled from playing football. He has a MR scan in the past but I am not sure that they did special hippocampal views. They did mention, however, in the MR that there was no mesiotemporal sclerosis. This MR was done in September of 2000. It was done here at Carolinas Medical Center. He has not had an EEG as far as I know. I have gone ahead and scheduled the EEG. The patient is on relatively low doses of Keppra. I have decided to start him on Tegretol starting with 200 mg of the XR b.i.d. and increase by 200 mg every five days until we get him on 400 in the morning and 600 at h.s. We will then check a trough level and try to readjust the dose to get a trough level between 8 and 12. He is also to stay on the Keppra 500 mg b.i.d. If he is unable to tolerate the Tegretol, then I will probably either go with Depakote or Lamictal as the primary drug and using Keppra as an add on if needed. I will see him for recheck in approximately six weeks. He is to have a trough level of Tegretol done on 9/20.

D: 08/28/2001 R L FOLLMER, M.D.
T: 08/28/2001 2:00 P ewk
004359
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